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PUBLIC INSPECTION FILE

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November 10, 2004

VIA COURIER

Federal Communications Commission
Mass Media Services
P.O. Box 358165
Pittsburgh, Pennsylvania 15251-5165

FCC/HELLON

NOV 10 2004

Re: WHNS-DT, Greenville, South Carolina
Facility Identification Number 72300

**REQUEST FOR EXTENSION OF SPECIAL TEMPORARY AUTHORITY
TO OPERATE LOW POWER DIGITAL TELEVISION STATION**

Dear Sir or Madam:

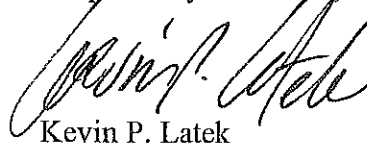
On behalf of Meredith Corporation (the "Licensee"), permittee of the above-referenced television station (the "Station"), and pursuant to Section 73.1635 of the Commission's rules, we hereby respectfully request extension of Special Temporary Authority ("STA") permitting the Licensee to operate DTV facilities for the Station with parameters at variance from the Station's construction permit.

On November 4, 2002, the Commission granted the STA for the Station pursuant to Paragraphs 34-36 of the *Memorandum Opinion and Order on Reconsideration* in MM Docket No. 00-39, FCC 01-330 (rel. Nov. 15, 2001) ("*Reconsideration Order*"). The station currently operates the facilities authorized by the STA.

Renewal of the STA would serve the public interest by ensuring the provision of digital service to the Station's community of license. This STA request is accompanied by the requisite filing fee of \$150.00, an FCC Form 159 completed to show the fee code of "MGT," and an anti-drug abuse act certification. We ask that you stamp the enclosed copy and return it to our office as confirmation of filing.

Please contact me if you have any questions about this matter.

Respectfully submitted,



Kevin P. Latek

KPL
Enclosures

ANTI-DRUG ABUSE ACT CERTIFICATION

The applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits pursuant to Section 5301 of the AntiDrug Abuse Act of 1988, 21 U.S.C. § 862a, or, in the case of a non-individual applicant (e.g., corporation, partnership, or other unincorporated association), no party to the application is subject to a denial of federal benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. § 1.2002(b).

☒ Yes

☐ No



MEREDITH CORPORATION

Title: Vice President and Director
of Engineering

Date: November 1, 2004

221705

62-20311

Date: November 10, 2004

Pay: One hundred fifty and 00/100 *****	\$ 150.00 *****
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\$150.00

Federal Communications Commission

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER \$5,000.00

VOID AFTER 6 MONTHS

Dr. Schma

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

Approved by OMB
3060-0589

Page No 1 of 1

(1) LOCKBOX #

358165

SPECIAL USE

FCC USE ONLY

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)

Dow, Lohnes & Albertson, PLLC

(3) TOTAL AMOUNT PAID (U.S. Dollars and cents)

\$150.00

(4) STREET ADDRESS LINE NO. 1

c/o K.Latek, Esq., Suite 800

(5) STREET ADDRESS LINE NO. 2

1200 New Hampshire Avenue, NW

(6) CITY

Washington

(7) STATE

DC

(8) ZIP CODE

20036

(9) DAYTIME TELEPHONE NUMBER (include area code)

202-776-2000

(10) COUNTRY CODE (if not in U.S.A.)

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(11) PAYER (FRN)

0003-8636-51

(12) PAYER (TIN)

IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

(13) APPLICANT NAME

Meredith Corporation

(14) STREET ADDRESS LINE NO. 1

1716 Locust Street

(15) STREET ADDRESS LINE NO. 2

(16) CITY

Des Moines

(17) STATE

IA

(18) ZIP CODE

50309

(19) DAYTIME TELEPHONE NUMBER (include area code)

515-284-3042

(20) COUNTRY CODE (if not in U.S.A.)

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(21) APPLICANT (FRN)

0005-8780-04

(22) APPLICANT (TIN)

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) CALL SIGN/OTHER ID

WHNS-DT

(24A) PAYMENT TYPE CODE

MGT

(25A) QUANTITY

1

(26A) FEE DUE FOR (PTC)

\$150.00

(27A) TOTAL FEE

\$150.00

FCC USE ONLY

(28A) FCC CODE 1

72300

(29A) FCC CODE 2

(23B) CALL SIGN/OTHER ID

(24B) PAYMENT TYPE CODE

(25B) QUANTITY

(26B) FEE DUE FOR (PTC)

(27B) TOTAL FEE

FCC USE ONLY

(28B) FCC CODE 1

(29B) FCC CODE 2

SECTION D - CERTIFICATION

(30) CERTIFICATION STATEMENT

I, _____, certify under penalty of perjury that the foregoing and supporting information is true and correct to
the best of my knowledge, information and belief. SIGNATURE _____ DATE _____

SECTION E - CREDIT CARD PAYMENT INFORMATION

(31)

MASTERCARD/VISA ACCOUNT NUMBER:

EXPIRATION

☐ MASTERCARD

☐ VISA

I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorization herein described.

SIGNATURE _____

DATE _____